



Infant Case Management (ICM) Eligibility Screening

DATE	AGENCY NAME	COMPLETED BY
INFANT'S NAME		INFANT'S CLIENT ID
ICM ELIGIBILITY PERIOD (see II. 1.a on back of form)		NAME OF PARENT(S)
CONDUCT BASIC SCREENING IN-PERSON WITH INFANT'S PARENT(S). Potential Risks to the Infant: (Mark all that apply):		
Column A	Column B	
<input type="checkbox"/> Low birth weight (less than five and one-half pounds)	<input type="checkbox"/> Parent(s) needs assistance accessing social, medical or educational resources related to the issue in column A	
<input type="checkbox"/> Premature birth (less than thirty-seven weeks gestation)	<input type="checkbox"/> Parent(s) needs assistance accessing social, medical or educational resources related to the issue in column A	
<input type="checkbox"/> Failure to thrive (weight that is less than eighty percent expected weight for age)	<input type="checkbox"/> Parent(s) needs assistance accessing social, medical or educational resources related to the issue in column A	
<input type="checkbox"/> Significant birth defect and/or health problem	<input type="checkbox"/> Parent(s) needs assistance accessing social, medical or educational resources related to the issue in column A	
<input type="checkbox"/> Active alcohol and/or substance abuse by parent(s) within the past year	<input type="checkbox"/> Parent(s) is involved with other systems such as legal, chemical dependency, CPS, Mental Health, etc.	
<input type="checkbox"/> Current child protective services involvement with parent(s) of infant or other child(ren) of parent(s)	<input type="checkbox"/> Parent(s) needs assistance over and above what CPS Case Manager is able to provide to meet infant's health and safety needs	
<input type="checkbox"/> Parental rights of infant's parent(s) were terminated in the past	<input type="checkbox"/> Parent(s) needs assistance accessing social, medical or educational resources related to the issue in column A	
<input type="checkbox"/> Infant's parent(s) is homeless or living in a shelter	<input type="checkbox"/> Parent(s) needs assistance accessing social, medical or educational resources related to the issue in column A	
<input type="checkbox"/> Current domestic or family violence	<input type="checkbox"/> Parent(s) needs assistance accessing social, medical or educational resources related to the issue in column A	
<input type="checkbox"/> Parent(s) has a current mental health diagnosis	<input type="checkbox"/> Parent(s) needs assistance accessing social, medical or educational resources related to the issue in column A	
<input type="checkbox"/> Parent(s) has a physical limitation or disability	<input type="checkbox"/> Parent(s) needs assistance accessing social, medical or educational resources related to the issue in column A	
<input type="checkbox"/> Parent(s) is seventeen years old or younger at time of ICM eligibility	<input type="checkbox"/> Parent(s) needs assistance accessing social, medical or educational resources related to the issue in column A	
<input type="checkbox"/> Parent(s) is experiencing social isolation	<input type="checkbox"/> Parent(s) needs assistance accessing social, medical or educational resources related to the issue in column A	
<input type="checkbox"/> Checked box(es) in Column A <u>only</u> qualifies an infant for Lower ICM Contact Level <ul style="list-style-type: none"> A maximum of 10 units may be used with this infant without seeking a limitation extension. 	<input type="checkbox"/> Checked box(es) in Column B qualifies an infant at Higher ICM Contact Level <ul style="list-style-type: none"> A maximum of 30 units may be used. Additional units require a limitation extension. 	
Specific Needs of the Infant and Parent(s): 		
Educational Materials Provided: 		
Outcome/Plan: 		

☐ Parent(s) Declined ICM Services
 ☐ Could Not Locate Parent(s)
 ☐ Infant Not Eligible For ICM Services

I. Basic ICM Information:

1. The infant must live with the parent(s).
 - a. **“Parent(s)”** means, a person who resides with an infant and provides the infant’s day-to-day care, and is:
 - i. The infant’s natural or adoptive parent(s);
 - ii. A person other than a foster parent who has been granted legal custody of the infant; or
 - iii. A person who is legally obligated to support the infant.
2. The maximum number of billable units is related to the parent(s) level of need for assistance in accessing needed medical, social or educational services related to any issue listed in Column A.
3. Ensure the infant and parent(s) circumstances are documented in the client record. This is an important step. Documentation justifies the level of ICM services provided.
4. A limitation extension must be requested for infants needing more than 30 units during their ICM eligibility period.

II. Completing This Form:

1. Administer the ICM Eligibility Screening during the post-partum MSS period *when possible*. If a family is not seen during the MSS period, administer the Screening at the first in person meeting during the ICM eligibility period.
 - a. Eligibility for ICM is from the first day of the month following maternity support services (MSS) eligibility through to the end of the month of the infant’s first birthday. Infants may enter into ICM anytime during this period.
2. This form must be completed during an in-person meeting with the infant and parent(s)
3. There are two levels of service for eligible infants:
 - a. Level 1 (Less frequent ICM contact) allows a maximum of 10 billable units throughout the ICM eligibility period.

Column A is the criteria used to determine eligibility for ICM services. These issues, when present, may impact the welfare, health and/or safety of the infant. If one or more boxes are checked in Column A and no corresponding box(es) in Column B is checked, the infant/parent(s) are eligible for Level 1 of ICM services.

If during the course of ICM eligibility, circumstances change, the infant may qualify for a higher level of contact. Circumstances to support your decision must be documented in the client file.
 - b. Level 2 (More frequent ICM contact) allows a maximum of 30 billable units throughout the ICM eligibility period (including the units claimed for Eligibility Screening if done during the ICM eligibility period).

Column B identifies whether or not a parent(s) needs assistance in order to access needed medical, social or educational services to address issues and circumstances that may be detrimental to the welfare, health and/or safety of the infant.
4. You may bill up to 4 units for completing the ICM Eligibility Screening.
 - a. If the Eligibility Screening is completed during the 2 month MSS postpartum period, MSS units must be used.
 - b. If the Eligibility Screening is completed during the ICM eligibility period, the units apply to the total maximum for the ICM eligibility period. Any remaining ICM units may be used based on individual needs as determined by the infant’s Case Manager and parent(s).
5. File this form in the client record along with documentation to support next steps.

III. About the Criteria:

Low Birth Weight

Infant weighed less than 5lbs. 8oz. at birth.

Premature Birth

Infant was born at less than 37 weeks gestation.

Failure to Thrive

Weight less than 3rd percentile on standard growth chart, a weight that is less than 80% expected weight for age or a deceleration of growth velocity across two major percentiles.

Significant Birth/Health Defect

As determined by the infant's medical provider.

Active Alcohol and/or Substance Abuse

Abuse of alcohol and/or illicit drugs and/or non prescription use of prescription drugs.

Current Child Protective Services Involvement

This can be in Washington State or elsewhere

Parental Rights Terminated in the Past

This can be in Washington State or elsewhere

Homelessness

Homelessness is unstable shelter, i.e.; living in a car, on the street or in a shelter. Homelessness may also be "couch surfing" which is moving from relative to relative or friend to friend.

Domestic/Family Violence

Domestic or family violence includes not only physical violence, but also the use of power and control over a victim. The physical and emotional effects of abuse may prevent a victim from meeting the basic needs of themselves and/or their infant.

Mental Health Diagnosis

The diagnosis must be made by a qualified medical provider, psychiatrist, psychologist, behavioral health specialist or other qualified health professional staff.

Parent's Limitation/Disability

In two parent households, the limitation of one parent must be a limitation that prevents both of the parents from accessing necessary services. Limitations may be physical, cognitive or developmental in nature.

17 Year Old Parent(s) or Younger

The parent(s) must be age 17 or younger when ICM eligibility begins. This parent(s) will not age out of eligibility.

Social Isolation

A low level of contact with family, friends, neighbors, community and social sources. Social Isolation can be caused by geographic, physical, economic, personal and social barriers.